



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF MENTAL HEALTH AND CHEMICAL DEPENDENCY PROFESSIONALS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR LICENSURE AS AN ASSOCIATE MARRIAGE & FAMILY THERAPIST INSTRUCTION SHEET FOR APPLICANTS AND SUPERVISORS

Both applicant and supervisor(s) should carefully read this instruction sheet before completing and submitting the application. Failing to follow instructions may delay licensure. All auxiliary forms needed are included in this packet. If the application is not complete within six months of filing, it may be considered abandoned and discarded.

Important Information for Applicants and Supervisors: Written Plan for Professional Counseling Experience and Supervision

The purpose of the experience questions on this application is to document and verify how much acceptable post-Masters experience in actual *marriage and family counseling* the applicant has already completed. Once you document how much experience the applicant has completed and how much direct supervision he or she has received, you will know how much more experience and supervision the applicant needs to complete while an Associate Marriage and Family Therapist so that he or she will later meet the requirements for Delaware licensure as a Marriage and Family Therapist. Those requirements are summarized below:

Marriage and Family Therapist POST-MASTERS THERAPY EXPERIENCE REQUIREMENTS

When applying by examination, you must arrange for the Board office to receive verification that you have provided the required hours of post-Masters marriage and family counseling.

- You must have post-Masters marriage and family counseling experience of at least 3200 hours over a period of at least two, but not more than four, years. Of the 3200 hours, at least 1600 hours must have been under professional direct supervision.
- The supervisor(s) must be one of these:
 - Delaware-licensed Marriage and Family Therapist, or
 - American Association for Marriage and Family Therapy (AAMFT) "approved supervisor," or
 - AAMFT "approved supervisor" candidate, or
 - Licensed marriage and family therapist from another state who has held a license in good standing for at least five years in that state and who has passed the Association of Marital and Family Therapy Regulatory Boards (AMFTRB) exam.

If none of the above supervisors is available, a licensed clinical social worker, licensed psychologist, licensed professional counselor of mental health, or licensed physician specializing in psychiatry with training in marriage and family therapy supervision may act as a supervisor.

- ***Unless the supervisor is an AAMFT "approved supervisor," the Delaware Board must approve the supervisor.***
- Any hours you complete under the supervision of a person who does not fit into one of the above categories will **not** count toward fulfillment of the required 1600 hours of supervised experience but may count toward the 1600 hours of unsupervised experience.
- When the hours under **all** approved supervisors are combined, the 1600 hours must span a period of *at least two but not more than four consecutive years*. The hours must break down as follows:
 - 500 hours of couple and family therapy
 - 500 hours of individual therapy
 - 500 hours of any combination of couple and family **or** individual therapy (in addition to the above).
 - 100 hours of face-to-face clinical supervision with your approved supervisor(s)

For more information about the direct supervision requirements, refer to Section 5.1.2 of the Board's [Rules and Regulations](#) available at www.dpr.delaware.gov.

The hours of experience and supervision that the applicant has not yet completed are documented on the **Written Plan for Marriage and Family Therapy Experience and Supervision**. To assure that both the applicant and the supervisor understand the plan, both must sign off on it.

When answering the experience questions on the application, it is important for both applicant and his or her supervisor(s) to understand the following:

- The hours of direct supervision that the applicant has already completed plus the planned hours of direct supervision (as documented in the **Written Plan**) must total *at least* the mandatory 1600 hours of professional direct supervision. In addition,
 - The applicant's completed hours of couple and family therapy plus the planned hours of couple and family therapy sessions must total *at least* 500 hours.
 - The applicant's completed hours of individual therapy plus the planned hours of couple and family therapy sessions must total *at least* 500 hours.
 - The applicant's completed hours of any combination of couple and family or individual therapy plus the planned hours of couple and family or individual therapy must total *at least* 500 hours.
 - The applicant's completed hours of face-to-face clinical supervision with your approved supervisor(s) plus the planned hours of face-to-face supervision must total *at least* 100 hours.
- The hours of experience the applicant has already completed—whether or not under professional direct supervision—added to the hours of experience in the **Written Plan** must total the required hours for licensure.
- **All of the required hours—completed plus planned, whether or not supervised—must span a period of not less than two but no more than four years.**
- When asked to enter hours of experience or supervision, you must calculate and enter an actual number of hours. Answers such as “40 hours/week” will not be accepted.

Both the applicant and supervisor(s) should carefully follow the instructions for completing the forms. Incomplete or incorrectly completed forms delay processing of your application. The Board will not accept a resume in lieu of or in addition to the forms.

Requirements for All Applications

- ☐ Submit completed, signed and notarized [Application for Licensure as an Associate Marriage and Family Therapist](#).
 - Applications that are incomplete, unsigned or not notarized will be rejected.
- ☐ Enclose the [processing fee](#) by check or money order made payable to the "State of Delaware."
 - Applications not accompanied by the required fee will be rejected.
- ☐ Complete the *Criminal History Record Check Authorization* form to request state and federal criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted.
 - You must meet this requirement *even if* you recently had a criminal background check done for some other reason.
- ☐ Arrange for the Board office to receive a verification of licensure from each jurisdiction (state, U.S. territory, District of Columbia) where you now hold, or have ever held, a license to practice as a mental health professional.
 - You may use the *Verification of Licensure* form enclosed with this packet to request the verification.
- ☐ Arrange for the Board office to receive an official transcript from *each* college/university where you earned a Masters or doctoral degree in marriage and family therapy or any allied field, sent *directly* from the school to the Board office.
- ☐ Complete and submit the COAMFTE *Course Comparison Form* if **either** of these situations applies to you:
 - Your graduate program of studies is not accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), **or**
 - Your degree from a nationally accredited college or university is **not** in marriage and family therapy but in a related discipline such as counseling, social work, psychology, or psychiatry.
- ☐ If you have passed the AMFTRB examination, arrange for the Board office to receive an official score transfer sent directly to the Board office from the Interstate Reporting Service, www.amftrb.org.

- ☐ If any of your supervisors is a marriage and family therapist who is *not* licensed in Delaware, arrange for the Board to receive proof that the supervisor has passed the AMFTRB exam and has five years experience as a marriage and family therapist.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
 - *The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 *Del. C.* §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 *Del. C.* §2216) and for other lawful purposes.

Requirements Related to *Completed* Experience

The following requirements document and verify how many hours of acceptable post-Masters experience in *marriage and family therapy* you have already accrued.

- ☐ Arrange for your supervisor(s) to complete and sign the page entitled **COMPLETED SUPERVISED EXPERIENCE HOURS**.
 - ***The total number of post-Master's hours of marriage and family therapy that you have provided under professional direct supervision*** must be clearly stated. Providing only the dates of your employment is not sufficient.
 - If you had more than one period under different supervisors, have the approved supervisor for each period complete a box for the period during which he or she supervised you.
- ☐ You complete and sign the page entitled **COMPLETED UNSUPERVISED EXPERIENCE HOURS**.

Requirements Related to Written Plan for Professional Counseling Experience and Supervision

The following requirements document how many hours of post-Masters of marriage and family therapy experience – both under professional direct supervision and unsupervised – you still need to complete in order to meet the requirements for Delaware licensure as a Marriage and Family Therapist. Remember to add the planned hours to the completed hours to make sure that the totals meet the requirements for eventual licensure as a Marriage and Family Therapist.

- ☐ Arrange for the box entitled **Planned Supervised Hours** to be completed and signed by the supervisor(s) under whose supervision you will complete the hours.
- ☐ Complete the box entitled **Planned Unsupervised Hours** to document the experience that you plan to finish while not under the professional direct supervision.
 - No verification of these planned unsupervised hours is required.



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF MENTAL HEALTH AND CHEMICAL DEPENDENCY PROFESSIONALS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR LICENSURE AS AN ASSOCIATE MARRIAGE & FAMILY THERAPIST

IDENTIFYING AND CONTACT INFORMATION

1. Full Name: _____
Last First Middle
2. Other Names Used: _____
(Include maiden, prior married, alternate spellings)
3. Date of Birth (month/day/year): _____ Gender: Yes ☐ No ☐
4. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
5. Mailing Address: _____

City State Zip
6. Phone: _____ Email: _____
Home Work

EXAMINATION

7. Have you passed the AMFTRB examination? Yes ☐ No ☐ If yes, arrange for the Board office to receive an official score transfer sent directly to the Board office from the Interstate Reporting Service, www.amftrb.org.

LICENSURE HISTORY – All applicants complete this section.

8. Have you ever been denied licensure in any other jurisdiction? Yes ☐ No ☐ If yes, explain fully: _____
9. Have you ever held a license to practice as a marriage and family therapist in any jurisdiction other than Delaware? Yes ☐ No ☐ If yes, enter the following information about *each* license that you have *ever* held.

JURISDICTION	TYPE OF LICENSE HELD	LICENSE NUMBER	LICENSURE DATES	
			From	To

Arrange for the Board office to receive a verification of licensure from *each* jurisdiction where you have *ever* held a marriage and family therapist license.

DISCLOSURES

10. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction, including any offense for which you have received a pardon? Yes ☐ No ☐

Arrange for the Board office to receive state and federal criminal background checks.

11. Are any criminal charges pending against you? Yes ☐ No ☐ **If yes, enclose a detailed explanation along with any documentation of the charges.**
12. Have you received any administrative penalties regarding your actions as a licensed, registered or certified mental health provider, including but not limited to fines, formal reprimands, license suspensions or revocation (except for license revocations for nonpayment of license renewal fees), probationary limitations, and/or have you entered into any "consent agreement" which contains conditions placed by a Board on your professional conduct, including any voluntary surrender of a license? Yes ☐ No ☐ **If yes, enclose a detailed explanation of all such penalties.**
13. Are any disciplinary actions pending against you? Yes ☐ No ☐ **If yes, attach a detailed explanation of any pending actions.**
14. Have you done any of the following grounds for discipline:
- committed or knowingly cooperated in a fraud or material deception in order to acquire a license? Yes ☐ No ☐
 - impersonated another person holding a license? Yes ☐ No ☐
 - allowed another person to use your license? Yes ☐ No ☐
 - aided or abetted an unlicensed person to represent himself or herself as a licensee? Yes ☐ No ☐

If yes to any, enclose a detailed explanation of the violations.

15. Do you currently excessively use or abuse drugs or have you done so in the past 3 years? Yes ☐ No ☐ **If yes, enclose a detailed explanation.**
16. Have you engaged in an act which involved consumer fraud or deception, restraint of competition, or price fixing? Yes ☐ No ☐ **If yes, enclose a detailed explanation.**
17. Do you have any impairment related to drugs or alcohol or a finding of mental incompetence by a physician that would limit your ability to act as a professional counselor of mental health or associate counselor of mental health in a manner consistent with the safety of the public? Yes ☐ No ☐ **If yes, enclose a detailed explanation.**
18. Have you been penalized for any willful violation of the code of ethics adopted by the Board, the NBCC code of ethics or other similar professional mental health counseling standard? Yes ☐ No ☐ **If yes, enclose a detailed explanation.**
19. I have read and understand the Rules and Regulations of the Delaware Board of Mental Health and Chemical Dependency Professionals pertaining to the licensure for which I am applying. Yes ☐ No ☐
20. Are you presently in violation of any Rule and Regulation set forth by the Delaware Board of Mental Health and Chemical Dependency Professionals? Yes ☐ No ☐ **If yes, enclose a detailed explanation of all such violations.**

DUTY TO REPORT

21. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** duty to report, in writing, within 30 days of becoming aware of information that you reasonably believe indicates that **any healthcare provider** including (but not limited to) any practitioner certified and registered to practice medicine in Delaware or licensed by the Board of Mental Health and Chemical Dependency Professionals
- has engaged, or is engaging, in conduct that would constitute grounds of discipline under their licensing laws, or
 - may be unable to practice with reasonable skill and safety to the public by reason of mental illness or mental incompetence, physical illness (including deterioration through the aging process or loss of motor skill), or excessive abuse of drugs (including alcohol).

I certify that I have read and understand [24 Del. C. §3018](#), [24 Del. C. §1730](#), [24 Del. C. §1731](#) and [24 Del. C. §1731A](#) and that I understand my *duty to report* to the Division of Professional Regulation. Yes ☐ No ☐

22. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes ☐ No ☐

23. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** duty to **self report** when your license to practice in another jurisdiction has been disciplined, surrendered, suspended or revoked.

I certify that I have read and understand [24 Del. C. §3009 \(a\)\(7\)](#) and that I understand my *duty to self report*.
Yes ☐ No ☐

EXPERIENCE AND SUPERVISION

24. List all current or former supervisor(s) who will verify the required post-Master's degree supervised experience that you have completed:

NAME	ADDRESS	PHONE	DEGREE

25. The next several pages provide space to document the post-Master's marriage and family therapy experience that you have completed and that you plan to complete. Begin with your most recent experience and work backward. Remember that...

- Your supervisor(s) will complete the pages for your completed and planned **supervised** experience.
- You will complete the pages for your completed and planned **unsupervised** experience.
- When *all* hours are added together, your planned and completed hours under professional direct supervision plus your completed and planned hours of unsupervised marriage and family therapy experience must total 3200 hours.
- *All* of the completed and planned hours—whether or not under supervision—must span a period of not less than two but no more than four years.

If you need more room for additional periods, you may copy this page.

INSTRUCTIONS

The supervisor completes the **COMPLETED SUPERVISED EXPERIENCE HOURS**. Remember...

- The completed hours entered in Total Hours here and the planned hours entered in the **Written Plan** must total at least the mandatory minimum 1600 hours of direct supervision.
 - The hours of completed couple and family therapy entered here and the planned hours of couple and family therapy entered in the **Written Plan** must total at least 500 hours.
 - The hours of completed individual therapy entered here and the planned hours of individual therapy entered in the **Written Plan** must total at least 500 hours.
 - The hours of combined couple and family therapy or individual therapy entered here and the planned hours of combined therapy entered in the **Written Plan** must total at least 500 hours.
 - The hours of face-to-face supervision entered here and the planned hours of face-to-face supervision entered in the **Written Plan** must total at least 100 hours.
- All required hours—completed plus planned whether or not directly supervised—must span a period of not less than two but no more than four years.

COMPLETED SUPERVISED EXPERIENCE HOURS

Enter only hours of experience under professional direct supervision

INFORMATION ABOUT SUPERVISOR

1. Supervisor Name: _____
Last First Middle

2. Check all that apply to you:

- ☐ I am an American Association for Marriage and Family Therapy approved supervisor.
☐ I am an American Association for Marriage and Family Therapy approved supervisor in training.
☐ I was approved by the Delaware Board to supervise. Enter approval date: _____
☐ Other: _____

3. Provide the following information about your professional licensure:

✓	LICENSES HELD (check all that apply)	JURISDICTION	LICENSE #	ISSUE DATE
<input type="checkbox"/>	Marriage and Family Therapist			
<input type="checkbox"/>	Clinical Social Worker			
<input type="checkbox"/>	Clinical Psychologist			
<input type="checkbox"/>	Professional Counselor of Mental Health			
<input type="checkbox"/>	Psychiatrist trained in marriage and family therapy			

If you are a marriage and family therapist *not* licensed in Delaware, the Board requires proof that you have passed the AMFTRB exam and have five years experience as a marriage and family therapist.

4. Supervisor's Practice Name (if applicable): _____

5. Practice Address: _____
City State Zip

6. Phone: _____ Email: _____

SUPERVISED HOURS

7. Enter the dates of post-Master's experience that the applicant provided while under your direct supervision:

From _____ To _____ **Alert: This period must not span more than four years.**
Month/Year Month/Year

8. Calculate and enter the **total number of hours of marriage and family therapy** that the applicant provided **under your direct professional supervision** during this period: _____ **Alert: Answers such as "40 hours/week" will not be accepted.**

9. Show how the total hours you entered in Question 8 break out into the following categories:

Hours of couple and family therapy _____ Hours of individual therapy _____
Hours of face-to-face supervision _____

CERTIFICATION

I certify that I have personally completed this information and that the information provided herein is accurate and complete to the best of my knowledge.

Supervisor Signature: _____ Date: _____

If you need more room for additional periods, you may copy this page.

INSTRUCTIONS

The box entitled **COMPLETED UNSUPERVISED EXPERIENCE HOURS** documents hours of post-Master's marriage and family therapy experience that you have already completed while **not** under professional direct supervision. Do **not** enter hours completed while under professional direct supervision in this box. Remember that...

- When *all* hours are added together, your planned and completed hours under professional direct supervision plus your completed and planned hours of unsupervised marriage and family therapy experience must total 3200 hours.
- *All* of the completed and planned hours—whether or not under supervision—must span a period of not less than two but no more than four years.

COMPLETED UNSUPERVISED EXPERIENCE HOURS

Enter only hours completed while NOT under the professional direct supervision.

PERIOD FROM _____ **TO** _____ **Alert: This period must not span more than four years.**

During this period, I was (check one): ☐ Employed—Position: _____
☐ Self-Employed—Title: _____

Setting/Location/Employer: _____

Address: _____

Business Phone: _____ Email: _____

Supervisor Name: _____ Title/Professional Status: _____

Your Job Responsibilities and Activities (use additional page if needed): _____

Calculate and enter the total number of hours of marriage and family therapy that you provided during this period while not under professional direct supervision: _____ **Alert: Answers such as "40 hours/week" will not be accepted.**

CERTIFICATION

I certify that I have personally completed all sections of this form and that the information provided herein is accurate and complete to the best of my knowledge.

Applicant Signature: _____ **Date:** _____

WRITTEN PLAN FOR MARRIAGE AND FAMILY THERAPY EXPERIENCE AND SUPERVISION

If you need more room for additional periods, you may copy this page.

INSTRUCTIONS

The approved supervisor completes the **Planned Supervised Hours**. Remember that...

- The completed hours on the **Completed Supervised Experience Hours** box plus the planned hours in the **Written Plan** must total at least the mandatory minimum 1600 hours of experience under professional direct supervision.
 - The hours of completed face-to-face supervision on the **Completed Supervised Experience Hours** box and the planned hours of face-to-face supervision in the **Written Plan** must total at least 100 hours.
 - The completed hours of couple and family therapy on the **Completed Supervised Experience Hours** box and the planned hours of couple and family therapy in the **Written Plan** must total at least 500 hours. Similarly, the hours of individual therapy and combined therapy on the **Completed Supervised Experience Hours** box and the **Written Plan** must total 500 hours each.
- **All** completed hours and planned hours in the **Written Plan** must span a period of at least two but not more than four years.

Planned Supervised Hours

Enter only hours that will be completed under professional direct supervision.

INFORMATION ABOUT SUPERVISOR

1. Supervisor Name: _____
Last First Middle

2. Check all that apply to you:

- ☐ I am an American Association for Marriage and Family Therapy approved supervisor.
☐ I am an American Association for Marriage and Family Therapy approved supervisor in training.
☐ I was approved by the Delaware Board to supervise. Enter approval date: _____
☐ Other: _____

3. Provide the following information about your professional licensure:

✓	LICENSES HELD (check all that apply)	JURISDICTION	LICENSE #	ISSUE DATE
<input type="checkbox"/>	Marriage and Family Therapist			
<input type="checkbox"/>	Clinical Social Worker			
<input type="checkbox"/>	Clinical Psychologist			
<input type="checkbox"/>	Professional Counselor of Mental Health			
<input type="checkbox"/>	Psychiatrist trained in marriage and family therapy			

If you are a marriage and family therapist *not* licensed in Delaware, the Board requires proof that you have passed the AMFTRB exam and have five years experience as a marriage and family therapist.

4. Supervisor's Practice Name (if applicable): _____

5. Practice Address: _____

City

State

Zip

6. Phone: _____ Email: _____

SUPERVISED HOURS

7. Enter the dates of post-Master's experience that the applicant will provide under your supervision:

From _____ To _____ **Alert: This period must not span more than four years.**
Month/Year Month/Year

8. Calculate and enter the **total number of hours of marriage and family therapy** that the applicant will provide **under your direct professional supervision** during this period: _____ **Alert: Answers such as "40 hours/week" will not be accepted.**

9. Show how the total hours you entered in Question 8 will break out into the following categories:

Hours of couple and family therapy _____ Hours of individual therapy _____
Hours of face-to-face supervision _____

CERTIFICATION

I certify that I have personally completed this information and that the information provided herein is accurate and complete to the best of my knowledge.

Supervisor Signature: _____ Date: _____

WRITTEN PLAN FOR MARRIAGE AND FAMILY THERAPY EXPERIENCE AND SUPERVISION

If you need more room for additional periods, you may copy this page.

INSTRUCTIONS

The applicant completes **Planned Unsupervised Hours** to document hours of post-Master's marriage and family therapy experience that will be completed while **not** under approved professional direct supervision. Do **not** enter hours completed while under professional direct supervision in this box. Remember that...

- When *all* hours are added together, the planned and completed hours under professional direct supervision plus the completed and planned unsupervised hours of marriage and family therapy experience must total 3200 hours.
- **All** completed hours and planned hours in the **Written Plan** must span a period of at least two but not more than four years.

Planned Unsupervised Hours

Enter only hours that will be completed while not under professional direct supervision.

PERIOD FROM _____ TO _____ **Alert:** *This period must not span more than four years.*

During this period, I will be (check one): ☐ Employed—Position: _____
☐ Self-Employed—Title: _____

Setting/Location/Employer: _____

Address: _____

Business Phone: _____ Email: _____

Supervisor Name: _____ Title/Professional Status: _____

Your Job Responsibilities and Activities (use additional page if needed): _____

Calculate and enter the total number of hours of marriage and family therapy that you will provide during this period while not under professional direct supervision: _____ **Alert:** *Answers such as "40 hours/week" will not be accepted.*

CERTIFICATION

I certify that I have personally completed all sections of this form and that the information provided herein is accurate and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six months of filing may be considered abandoned and discarded.

Please note: When your application is complete, please allow 4-8 weeks to receive your license.

AFFIDAVIT

The undersigned applicant for Licensed Associate Marriage and Family Therapist, being sworn, deposes and affirms that he or she is the person who executed this application; that the statements contained on this application are true in every respect; that he or she has not suppressed or withheld information that might affect this application; that he or she will abide by the laws and the ethical standards of this profession; and that he or she has read and understands this statement.

The applicant further affirms that he or she has read and understands the Written Plan for Professional Counseling and Supervision contained in the application and that he or she will promptly report any change in the plan to the Board office.

The applicant authorizes all jurisdictions to release any and all information regarding his/her disciplinary history and current status to the Delaware Board of Mental Health and Chemical Dependency Professionals.

Signature of Applicant: _____ Date: _____

State of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____ 2_____.

Signature of Notary: _____

SEAL

My commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF MENTAL HEALTH AND CHEMICAL DEPENDENCY PROFESSIONALS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

COAMFTE COURSE COMPARISON FORM

All candidates must have at least one course minimum (three semester hours, four quarter hours, or 45 didactic contact hours required) in each of the ten categories to be eligible to be licensed as a marriage and family therapist.

1. **MARRIAGE & FAMILY THERAPY MODELS AND THEORIES:** Courses in this area are intended to provide a substantive understanding of the major theories of marriage and family change and the applied practices evolving from each theoretical orientation. Major theoretical approaches include: strategic, structural, object relations family therapy, behavioral family therapy, communications family therapy, and intergenerational family therapy, sex therapy, and related therapeutic approaches.

EDUCATIONAL INSTITUTION	COURSE #	COURSE TITLE	TO/FROM DATES	CREDIT HOURS	CONTACT HOURS

2. **DIAGNOSIS AND TREATMENT OF MENTAL AND EMOTIONAL DISORDER:** Courses in this area are intended to provide substantive understanding of the assessment, diagnosis and treatment of mental and emotional disorders. Areas of study include DSM, assessment and testing, treatment of behavioral health disorders, and interventions for specific diagnostic categories (e.g., schizophrenia, depression, anxiety disorders, ADHD).

EDUCATIONAL INSTITUTION	COURSE #	COURSE TITLE	TO/FROM DATES	CREDIT HOURS	CONTACT HOURS

3. **PSYCHOPATHOLOGY:** Courses in this area are intended to focus on the identification of major behavioral health and family problems and dysfunctions. Areas of study include advanced psychopathology, assessment of family health and dysfunction, and specific diagnostic categories (e.g., schizophrenia, depression, anxiety disorders, ADHD).

EDUCATIONAL INSTITUTION	COURSE #	COURSE TITLE	TO/FROM DATES	CREDIT HOURS	CONTACT HOURS

4. **GENDER, CULTURE, AND ETHNIC DIVERSITY IN MARRIAGE & FAMILY THERAPY:** Course in this area include the study of ethnicity, race, socioeconomic status, culture, and gender issues as it relates to family therapy. Areas of study include cultural issues in the delivery of family therapy, barriers to effective treatment for minority groups, cultural expectations in the treatment process, and cultural proficiency.

EDUCATIONAL INSTITUTION	COURSE #	COURSE TITLE	TO/FROM DATES	CREDIT HOURS	CONTACT HOURS

5. **SEXUAL ISSUES IN MARRIAGE & FAMILY THERAPY** Courses in this area are intended to provide substantive understanding of normal sexual development, sexual behavior and dysfunction, and sexual orientation in couple and family relationships. Areas of study include sex therapy, sexual healthy and dysfunction, biological and psychological basis of sexuality, and related issues of sexual behavior.

EDUCATIONAL INSTITUTION	COURSE #	COURSE TITLE	TO/FROM DATES	CREDIT HOURS	CONTACT HOURS

6. **FAMILY THERAPY THEORY AND TECHNIQUES:** Course in this area focus of family therapy models and techniques. Areas of study include strategic, structural, object relations family therapy, cognitive behavioral family therapy, Bowen family systems, symbolic-experiential, person-centered, MRI, EFT, solution-focused therapy, and interventions for specific populations (e.g., divorce/remarriage, adolescents, children, domestic violence, substance abuse, etc.).

EDUCATIONAL INSTITUTION	COURSE #	COURSE TITLE	TO/FROM DATES	CREDIT HOURS	CONTACT HOURS

7. **MARITAL AND COUPLE THERAPY THEORY AND TECHNIQUES:** Course in this area focus on theoretical approaches and techniques for assisting couples in distress or seeking to improve their relationships. Areas of study include strategic, structural, object relations, cognitive behavioral, Bowen systems, symbolic-experiential, person-centered, MRI, EFT, solution-focused therapy, trauma-informed couple therapy, couple therapy, theory, and techniques.

EDUCATIONAL INSTITUTION	COURSE #	COURSE TITLE	TO/FROM DATES	CREDIT HOURS	CONTACT HOURS

8. **ETHICAL, LEGAL AND PROFESSIONAL ISSUES IN MARRIAGE & FAMILY THERAPY:** Courses in this area are intended to contribute to the professional development of the therapist. Areas of study include the therapist's legal responsibilities, professional ethics as a marriage and family therapist, professional socialization, and the role of the professional organization, licensure or certification legislation, independent practice, and inter-professional cooperation.

EDUCATIONAL INSTITUTION	COURSE #	COURSE TITLE	TO/FROM DATES	CREDIT HOURS	CONTACT HOURS

9. **RESEARCH METHODS & EVALUATION:** Courses in this area should assist students in understanding and performing research and evaluation. Topic areas may include: research methodology, quantitative and qualitative methods, statistics, and program evaluation.

EDUCATIONAL INSTITUTION	COURSE #	COURSE TITLE	TO/FROM DATES	CREDIT HOURS	CONTACT HOURS

10. **CLINICAL SUPERVISED EXPERIENCE IN MARRIAGE & FAMILY THERAPY:** Courses in this area must be 9 semester credit hours and are intended to provide clinical supervision (live or recorded) to students providing 300 hours of direct client contact (150 with couple or families).

EDUCATIONAL INSTITUTION	COURSE #	COURSE TITLE	TO/FROM DATES	CREDIT HOURS	CONTACT HOURS



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF MENTAL HEALTH AND CHEMICAL DEPENDENCY PROFESSIONALS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

VERIFICATION OF LICENSE

Send a separate form to *each* jurisdiction other than Delaware where you have ever held a license to practice as a mental health practitioner. Before sending this form to the jurisdiction, it is advisable to find out if the jurisdiction requires a fee to provide a license verification. You may duplicate this form.

<p>This section to be completed by applicant.</p>	<p>Last Name: _____ First: _____ Middle: _____</p> <p>SSN: _____ Date of Birth: _____</p> <p>Other Name(s) Used: _____</p> <p>Jurisdiction Where Licensed: _____</p> <p>License/Registration Number(s) in Jurisdiction Named Above: _____</p> <p>I am applying for Delaware licensure as a:</p> <p><input type="checkbox"/> Professional Counselor of Mental Health <input type="checkbox"/> Associate Counselor of Mental Health</p> <p><input type="checkbox"/> Chemical Dependency Professional</p> <p><input type="checkbox"/> Marriage and Family Therapist <input type="checkbox"/> Associate Marriage and Family Therapist</p> <p>Before my application can be reviewed, verification of my license in good standing is required. I am authorizing the release of the information requested on this form to be sent to the Delaware Board of Mental Health and Chemical Dependency Professionals.</p> <p>Applicant Signature: _____ Date: _____</p>
<p>This section to be completed by Licensing Authority.</p>	<p>Our records indicate that the applicant named above was licensed in the State/Province/Jurisdiction of: _____ as a (type of license) _____</p> <p>Registration/License Number: _____</p> <p>Issue Date (month/day/year): _____ Expiration Date (month/day/year): _____</p> <p>Has the licensee ever been subject to any disciplinary action or had his/her license revoked or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please enclose a certified copy of the board's final order with this license verification.</p> <p>Are any disciplinary proceedings or unresolved complaints pending against the licensee? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>I certify that the statements contained herein are true and correct.</p> <p>AFFIX OFFICIAL SEAL HERE</p> <p>Printed Name of Official: _____</p> <p>Signature of Official: _____ Date: _____</p> <p>Title: _____</p> <p>Phone: _____ Fax: _____ Email: _____</p>

Return completed, signed and sealed form *directly* to the Board office at the address above.

Instructions for Requesting a Criminal Background Check

Both state and federal criminal background checks are required.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 9 am – 7 pm, Tue - Fri 9 am – 3 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(Between Rts. 72 and 896 on Rt. 40)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Delaware State Police Troop Four
South DuPont Hwy & Shortley Rd. Georgetown DE
19947
(Across from DelDOT & the State Service Ctr.)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants Residing in Delaware

1. If you are using the New Castle or Sussex Counties locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$69.00, to cover both the State and Federal criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. *Personal checks are not accepted in any county.* As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Out-of-State Applicants

1. You can be fingerprinted by your local police agency. All types of fingerprint cards are accepted. If your local police agency cannot provide a fingerprint card, call **(302) 739-2134** to request a fingerprint card.
2. Your *Authorization for Release of Information* form and fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, sex, etc.), your form will be returned. Send the *Authorization* form, fingerprint card, and certified check or money order (*personal checks are not accepted*) for \$69.00 made payable to "Delaware State Police" to:

**Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430**

⇒ **ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.**

DO NOT SEND THE FORM OR FEE TO THE BOARD OFFICE



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

AUTHORIZATION FOR RELEASE OF INFORMATION

PLEASE PRINT OR TYPE ALL INFORMATION IN BLACK INK.

CHECK TYPE OF LICENSURE FOR WHICH APPLYING:

- | | | |
|--|---|---|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT) | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Deadly Weapons Dealer | <input type="checkbox"/> Nursing (RN, LPN, APN) | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Nursing Home Administrator | <input type="checkbox"/> Texas Hold'em Individual |
| <input type="checkbox"/> Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Acupuncture Practitioners, Genetic Counselors) | <input type="checkbox"/> Pharmacy | |

ENTER FULL CURRENT NAME:

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Suffix (e.g., Jr., Sr.)

ENTER ALL OTHER NAMES USED IN THE PAST (including, but not limited to, maiden name, former married names, alternative spellings):

1. _____
2. _____
3. _____
4. _____

AUTHORIZATION TO RELEASE INFORMATION

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: _____ **Date:** _____

Phone: Home _____ Work _____

MAIL THE RESULTS OF MY CRIMINAL HISTORY REQUEST TO:

Division of Professional Regulation
861 Silver Lake Boulevard, Suite 203
Dover DE 19904
SLC D420A

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.